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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐Declaration
Submitted
With Initial
Filing

OR

☐Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

19721

First Named Inventor

David DE KRETZER

COMPLETE IF KNOWN

Application Number

Filing Date

5 April 2006

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Therapeutic method

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

6 October 2004

as United States Application Number or PCT International

Application Number

PCT/AU2004/001359

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|-----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| 2003905461 | Australia | 6 October 2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2004902056 | Australia | 16 April 2004 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2004904834 | Australia | 24 August 2004 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

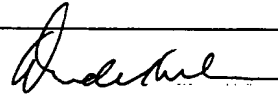
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

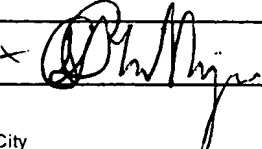


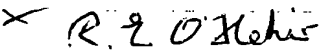
| | | | | |
|--|--|---|-------------|---|
| Direct all correspondence to: | <input checked="" type="checkbox"/> The address associated with Customer Number: | <div>00272</div> | OR | <input type="checkbox"/> Correspondence address below |
| Name | | | | |
| Address | | | | |
| City | | State | ZIP | |
| Country | Telephone | | Email | |
| <p>WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> | | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | | |
| David Morritz | | DE KRETZER | | |
| Inventor's Signature | |  | | Date |
| X | | | | X 8/06/2006 |
| Residence: City | State | Country | Citizenship | |
| Surrey Hills | Victoria | Australia | Australia | |
| Mailing Address | | | | |
| 1 Leura Street | | | | |
| City | State | Zip | Country | |
| Surrey Hills | Victoria | 3127 | Australia | |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the TWO supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page one of two

| | | | |
|---|-------------------|--|--------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| David James | | PHILLIPS | |
| Inventor's Signature  | | Date <u>26/06/06</u> | |
| Hughesdale Residence: City | Victoria State | Australia Country | Australia Citizenship |
| 17 Calembeena Avenue Mailing Address | | | |
| Hughesdale City | Victoria State | 3166 Zip | Australia Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kristian Lee | | JONES | |
| Inventor's Signature  | | Date  | |
| Glen Iris Residence: City | Victoria State | Australia Country | Australia Citizenship |
| 5/68 Erica Avenue Mailing Address | | | |
| Glen Iris City | Victoria State | 3146 Zip | Australia Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Robyn | | O'HEHIR | |
| Inventor's Signature  | | Date <u>21/6/06</u> | |
| Melbourne Residence: City | Victoria State | Australia Country | Australia Citizenship |
| Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road Mailing Address | | | |
| Melbourne City | Victoria State | 3004 Zip | Australia Country |

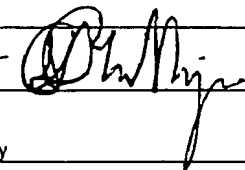

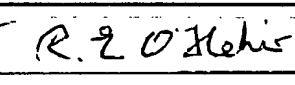
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage one of two

| | | | |
|---|-------------------------------------|---|--------------------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| David James | | PHILLIPS | |
| Inventor's Signature <i>x</i>  | | Date <i>x</i> 26/06/06 | |
| Hughesdale Residence: City | Victoria State | Australia Country | Australia Citizenship |
| 17 Colombeena Avenue Mailing Address | | | |
| Hughesdale City | Victoria State | 3166 Zip | Australia Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Krislian Lee | | JONES | |
| Inventor's Signature <i>x</i>  | | Date <i>x</i> 14/7/06 | |
| Sturtis MARYLEBONE Residence: City | Victoria LONDON State | Australia UK. Country | Australia Citizenship |
| 15 THORNTON PLACE 5/50 ERICKSON AVENUE Mailing Address | | | |
| Sturtis MARYLEBONE City | Victoria LONDON State | 9446 WHIFL Zip | Australia U.K. Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Robyn | | O'HEHIR | |
| Inventor's Signature <i>x</i>  | | Date <i>x</i> 21/6/06 | |
| Melbourne LONDON Residence: City | Victoria State | Australia UK Country | Australia Citizenship |
| Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road Mailing Address | | | |
| Melbourne City | Victoria State | 3004 Zip | Australia Country |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage two of two

| | | | |
|---|-------------------|---|--------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Shane | | PATELLA | |
| Inventor's Signature <i>[Signature]</i> | | Date <i>28/6/06</i> | |
| Malvern East Residence: City | Victoria State | Australia Country | Australia Citizenship |
| 602 Waverley Road Mailing Address | | | |
| Malvern East City | Victoria State | 3145 Zip | Australia Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kathryn Moira | | WILSON | |
| Inventor's Signature <i>K. Wilson</i> | | Date <i>27/6/06</i> | |
| Cockatoo Residence: City | Victoria State | Australia Country | Australia Citizenship |
| 31 Caroline Avenue Mailing Address | | | |
| Cockatoo City | Victoria State | 3781 Zip | Australia Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kimberley Louise | | SEBIRE | |
| Inventor's Signature <i>K Sebire</i> | | Date <i>26/6/06</i> | |
| Preston Residence: City | Victoria State | Australia Country | Australia Citizenship |
| 296 Murray Road <i>53 Army Road</i> <i>KLD</i> Mailing Address <i>26/6/06</i> | | | |
| Preston City <i>Boronia</i> | Victoria State | 3072 <i>3155</i> Zip | Australia Country |

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